

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

**Title of
Invention**

Image Quality Improvement for SENSE With Low Signal Regions

Application Number :

Date :

First Named Applicant: Ms. Elisabeth C. Angelos

Attorney Docket Number: GEMS 0182

TOTAL FEE AUTHORIZED \$ 810

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	1001	770	770
Subtotal For Basic Filing Fees: \$ 770			

EXTRA CLAIM FEES

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 14	0	1202	18	0
Independent Claims : 3	0	1201	86	0
Subtotal For Extra Claims Fees: \$ 0				

ASSIGNMENT FEES

Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$
Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40
Subtotal For Additional Fees: \$40					

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 070845

Access Code ****

Deposit name: GE Medical Systems

Deposit authorized name: John S. Artz

Signature: /john s artz/

Date (YYYYMMDD): 2003-10-07

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.